Case 18-23221-RG Doc 23 Filed 09/01/18 Entered 09/01/18 11:59:51 Desc Main

		Docum	eni Pade i di 7	
Fill in this info	rmation to identify your	case:		
Debtor 1	Sonda D. Smith			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY NEWARK VICINAGE	
Case number	18-23221-RG			

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	280,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	12,400.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	292,400.00
Pai	t 2: Summarize Your Liabilities		
			i <b>abilities</b> nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	643,626.17
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	7,880.78
	Your total liabilities	\$	651,506.95
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,454.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,213.16
Paı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other scl	hedules.
Ο.			
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Sonda D. Smith Case number (if known) 18-23221-RG

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	8,090.00
		l -	

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clair	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this information to	o identify your c	ase:		1			
	btor 1	Sonda D. Sr						
_	btor 2 buse, if filing)							
Uni	ited States Bankrup	tcy Court for the	: DISTRICT OF NEW J	ERSEY NEWARK VICINAGE				
Cas	se number 18-	23221-RG			Ch	eck if this is:	:	
(If kr	nown)			-	=	An amende	ed filing	
							ent showing postpas of the following	
0	fficial Form	106I				MM / DD/ Y	· · · · · · · · · · · · · · · · · · ·	,
S	chedule I: `	Your Inc	ome					12/15
spo atta	use. If you are sep ch a separate shee	erated and you et to this form. e Employment	ır spouse is not filing w	ng jointly, and your spouse is liv ith you, do not include information onal pages, write your name and	on abo	out your spo	ouse. If more spa	ace is needed,
1.	Fill in your emploinformation.	oyment		Debtor 1		Debtor 2	2 or non-filing sp	ouse
information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or  Debtor 1  Employed □ Not employed □ Not employed  Case Worker	■ Employed		☐ Emple	oyed				
attach a separate information abou			Employment status	☐ Not employed		☐ Not employed		
	employers.		Occupation	Case Worker				
	Include part-time, self-employed wo		Employer's name	Passaic Cty Bd of Social Services				
	Occupation may it or homemaker, if		Employer's address	80 Hamilton St Paterson, NJ 07505				
			How long employed t	here?				
Pai	rt 2: Give Det	tails About Mor	nthly Income					
	mate monthly inco		ate you file this form. If	you have nothing to report for any	line, w	rite \$0 in the	space. Include y	our non-filing
	ou or your non-filing e space, attach a se			ombine the information for all emplo	oyers f	or that perso	on on the lines be	ow. If you need
					For D	Debtor 1	For Debtor 2 non-filing spo	
2.			ry, and commissions (b calculate what the monthl			8,090.00	\$	N/A
3.	Estimate and list	t monthly overt	ime pay.	3. +\$		0.00	+\$	N/A

Calculate gross Income. Add line 2 + line 3.

8,090.00

Debt	or 1	Sonda D. Smith	=	Cas	se number ( <i>if know</i>	n)	18-23	221-R	G	
				F	or Debtor 1			Debtor filing s	2 or pouse	
	Сор	y line 4 here	4.	\$	8,090.0	0	\$		N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,743.0	0	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	800.0	_	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0		\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0	0	\$		N/A	
	5e.	Insurance	5e.		0.0	0	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.0	_	\$		N/A	
	5g.	Union dues	5g.		93.0	_			N/A	
	5h.	Other deductions. Specify:	5h.	+ \$	0.0	0	+ \$		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	3,636.0	0	\$		N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,454.0	0	\$		N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.0	Λ	\$		N/A	
	8b.	Interest and dividends	8b.		0.0	_	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		·		<u> </u>	·		1471	
		settlement, and property settlement.	8c.	\$	0.0	0	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.0	_	\$		N/A	
	8e.	Social Security	8e.	\$	0.0		\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.0	0	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.0	0	\$		N/A	
		Rental income from tenant to				_			N1/A	
	8h.	Other monthly income. Specify: begin 9/2018	8h.	+ \$	2,000.0	<u> </u>	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,000.0	0	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u> </u>	6,454.00 +	\$_		N/A	= \$	6,454.00
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	6,454.00
13.	Do y	you expect an increase or decrease within the year after you file this form							Combin monthly	ed income
		Yes, Explain: Debtors will be getting renters for the rental prov	nartic							

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Sonda D. Sn	nith			Ch	neck if this is:	
							An amended filing	
1	otor 2							wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTRI VICINA	CT OF NEW JERSEY NE\ GE	WARK		MM / DD / YYYY	
1	e number 18	3-23221-RG						
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	nses				12/1
info	ormation. If m	ore space is ne n). Answer ever	eded, attary questio	. If two married people ar ich another sheet to this n.				
Par 1.	t 1: Descr Is this a joir	ibe Your House nt case?	hold					
	No. Go to							
	☐ Yes. <b>Doe</b>	s Debtor 2 live	in a separ	ate household?				
	□N							
	□ Y	es. Debtor 2 mus	st file Offici	ial Form 106J-2, <i>Expenses</i>	for Separate Housel	hold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		17	■ Yes
								□ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do your eyr	enses include		1				☐ Yes
0.	expenses of	f people other t d your depende	han $_{\square}$	No Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
the	value of such	n assistance an		government assistance is cluded it on Schedule I: Y			V	
(Off	ficial Form 10	)6I.)					Your exp	C11262
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
				upkeep expenses		4c.	· · —	0.00
_		owner's associat				4d.	·	0.00
<b>5</b> .	Additional r	nortgage pavm	ents for vo	our residence, such as ho	me equity loans	5	\$	0.00

Debtor 1	Sonda D.	Smit	th	Case	e num	ber (if known)	18-23221-RG
C 114!1	ition						
6. <b>Util</b> i	ities: Electricity, l	heat	natural das		6a.	\$	0.00
6b.	•		arbage collection		6b.	\$	0.00
6c.			phone, Internet, satellite, and cable services		6c.	·	0.00
6d.	•		Cell phone		6d.	· -	120.00
	d and house				7.	·	350.00
		-	n's education costs		8.	\$	0.00
			d dry cleaning		9.	\$	25.00
			ts and services		10.	\$	50.00
	dical and den				11.		0.00
			le gas, maintenance, bus or train fare.			Ψ	0.00
	not include ca				12.	\$	100.00
			recreation, newspapers, magazines, and books		13.	\$	50.00
			ons and religious donations		14.	\$	0.00
15. <b>Ins</b> ı	ırance.		•				
Don	not include ins	urand	ce deducted from your pay or included in lines 4 or 2	.O.			
15a	. Life insurar	ice			15a.	\$	0.00
15b	. Health insu	rance	<b>}</b>		15b.	\$	0.00
15c	. Vehicle ins	uranc	e		15c.	\$	133.00
15d	. Other insur	ance.	Specify:		15d.	\$	0.00
		lude t	taxes deducted from your pay or included in lines 4 or	or 20.			
	cify:				16.	\$	0.00
	allment or le					_	
	. Car payme				17a.	·	0.00
	. Car payme				17b.	·	0.00
			Mortgage for Mr. Cooper		17c.	•	1,993.50
17d			Mortgage for Shellpoint		17d.	·	1,492.78
			ondo Fees			\$	284.00
	Bank of A					\$	114.88
			mony, maintenance, and support that you did not		10	¢.	0.00
			ay on line 5, Schedule I, Your Income (Official Fo		18.	\$	
		you r	make to support others who do not live with you.	ı	40	Ф	0.00
	cify:	rtv ov	ronges not included in lines 4 or 5 of this form	or on Sahadula	19.	ur Incomo	
	er real prope . Mortgages		openses not included in lines 4 or 5 of this form of		20a.		0.00
	. Real estate		• • •		20b.		0.00
			wner's, or renter's insurance		20c.	·	0.00
					20d.		
			pair, and upkeep expenses sociation or condominium dues		20a. 20e.	· -	0.00
						·	0.00
∠1. Uth	er: Specity:	Cor	ntribution toward living expenses		21.	+\$	500.00
22. <b>Cal</b>	culate your m	onth	ly expenses				
22a	. Add lines 4 t	hroug	h 21.			\$	5,213.16
22b	. Copy line 22	(mon	nthly expenses for Debtor 2), if any, from Official For	m 106J-2		\$	·
			22b. The result is your monthly expenses.			\$	5,213.16
							0,210.10
			ly net income.				
			ur combined monthly income) from Schedule I.		23a.		6,454.00
23b	. Copy your	month	nly expenses from line 22c above.		23b.	-\$	5,213.16
							<u> </u>
23c	,		onthly expenses from your monthly income.		220	\$	1,240.84
	The result i	s you	r monthly net income.		23c.	Ψ	1,240.04
24 De	VOLL AVPORT	n inc:	rease or decrease in your expenses within the ye	ar after you file	a this	form?	
			ct to finish paying for your car loan within the year or do you				ease or decrease because of a
			of your mortgage?	, ,	J - 3 - 1	, , , , , , , , , , , , , , , , , , , ,	
_	1.						
■ N	NO.						

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Fill in this infor	mation to identify your	case:		
Debtor 1	Sonda D. Smith			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEE	RSEY NEWARK VICINAGE	
Case number	18-23221-RG			
(if known)				

Check if this is an amended filing

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
that they are true and correct.  X /s/ Sonda D. Smith Sonda D. Smith	ve read the summary and schedules filed with this declaration and  X Signature of Debtor 2
Signature of Debtor 1	